

ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

06/13/2011

Region 2

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER: NYR000182287

INSTALLATION NAME: A&Z PHARMACEUTICAL INC

INSTALLATION ADDRESS:

75 N INDUSTRY CT DEER PARK, NY 11729

MAILING ADDRESS:

75 N INDUSTRY CT DEER PARK, NY 11729

EPA Form 8700-12AB (4-80)

USEPA - REGION 2 RCRA Programs Branch 290 Broadway, 22nd Floor New York, NY 10007-1866

ATTN: RCRA NOTIFICATIONS

Tel: (212) 637-4106 Fax: (212) 637-4437

TO: A&Z PHARMACEUTICAL INC

or Current Occupant

ATTN: XIAN CHEN

75 N INDUSTRY CT DEER PARK, NY 11729



OMB# 2050-0024; Expires 11/30/2011

ENVIRONMENTAL PROTECTION

SEND COMPLETED FORM TO: The Appropriate State or Regional Office.		United States Environmental Protection Agency RCRA SUBTITLE C SITE IDENTIFICATION FORMA PROGRAMS BRANCH						
1.	Reason for Submittal	Reason for Submittal: To provide an Initial Notification for this location)	omitting site identification inf	ormation / to obtain an EPA	ID number			
MARK ALL BOX(ES) THAT APPLY		To provide a Subsequent Notification (to update site identification information for this location) As a component of a First RCRA Hazardous Waste Part A Permit Application As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment #) As a component of the Hazardous Waste Report (If marked, see sub-bullet below) Site was a TSD facility and/or generator of ≥1,000 kg of hazardous waste, >1 kg of acute hazardous waste, or >100 kg of acute hazardous waste spill cleanup in one or more months of the report year (or State equivalent LQG regulations)						
2.	Site EPA ID Number	EPA ID Number N Y L 0 0 0 1 8 2 2 8 7						
3.	Site Name	Name: A&Z Pharmaceutical, Inc.						
4.		Street Address: 75 North Industry C	Court	MILES AND THE STATE OF THE STAT				
	Information	City, Town, or Village: Deer Park	T		County: Suffolk			
		State: New York	Zip Code: 11729					
5.	Site Land Type	Private County Distri	ict	eral 🛘 Tribal 🔻 N	lunicipal	Other		
6.	NAICS Code(s) for the Site (at least 5-digit codes)	A. 3 2 5 4 1	2	c				
		B D						
7.	Site Mailing Address	Street or P.O. Box: 75 North Industry Court						
		City, Town, or Village: Deer Park			7-1			
		State: New York	Country: US	3	Zip Code: 11729			
8.		First Name: Xian	MI:	Last: Chen				
	Person	Title: Director, Engineering						
		Street or P.O. Box: 75 North Industry	Court	6.003,00				
		City, Town or Village: Deer Park						
		State: New York	Country: US	3	Zip Code: 11729			
		Email: xchen@azpharmaceutical.com						
		Phone: 631-952-3800	Ext	.: 111	Fax: 631-952-3900	-0/88022		
9.	Legal Owner	A. Name of Site's Legal Owner: E&B	Assets, LLC		Date Became 7/25/06 Owner:			
	and Operator of the Site	Owner Type: Private County	District	☐ Federal ☐ Tribal	☐ Municipal ☐ State	Other		
		Street or P.O. Box: 75 North Industry						
		City, Town, or Village: Deer Park	Phone: 631-952-3800					
		State: New York	Zip Code : 11729					
		B. Name of Site's Operator: E&B Ass	sets, LLC	Date Became 12/1/10 Operator:				
		Operator Type: Private County	☐ District	☐ Federal ☐ Tribal		Other		

EPA ID Num	ber					OMB#: 2050-0024; Expires 11/30/2011		
10. Type of Regulated Waste Activity (at your site) Mark "Yes" or "No" for all <u>current</u> activities (as of the date submitting the form); complete any additional boxes as instructed.								
A. Hazardou	us Was	te Activitie	es; Complete all parts 1-7.					
Y 🗵 N 🗖		'Yes", mar	Generates, in any calendar m (2,200 lbs./mo.) or more of ha Generates, in any calendar m	ly one of the following – a, b, or c. erates, in any calendar month, 1,000 kg/mo 00 lbs./mo.) or more of hazardous waste; or erates, in any calendar month, or	Y □ N ⊠	 2. Transporter of Hazardous Waste If "Yes", mark all that apply. a. Transporter b. Transfer Facility (at your site) 		
			accumulates at any time, more than 1 kg/mo (2.2 lbs./mo) of acute hazardous waste; or Generates, in any calendar month, or accumulates at any time, more than 100 kg/mo (220 lbs./mo) of acute hazardous spill cleanup			 Treater, Storer, or Disposer of Hazardous Waste Note: A hazardous waste permit is required for these activities. 		
	× b.		material. 100 to 1,000 kg/mo (220 – 2,2	200 lbs./mo) of non-	YUNK	4. Recycler of Hazardous Waste		
	acute hazardous waste. C. CESQG: Less than 100 kg/mo (220 lbs./mo) of non-acu hazardous waste. If "Yes" above, indicate other generator activities.				Y N X	 5. Exempt Boiler and/or Industrial Furnace If "Yes", mark all that apply. a. Small Quantity On-site Burner Exemption 		
Y 🗆 N 🗵	d.	Short-Terr	n Generator (generate from a and not from on-going proces explanation in the Comments	short-term or one- ses). If "Yes",		b. Smelting, Melting, and Refining Furnace Exemption		
Y 🗆 N 🗵			ites Importer of Hazardous Wa		y□n⊠	6. Underground Injection Control		
Y 🗆 N 🗵	f.	Mixed Was	ste (hazardous and radioactive	e) Generator		7. Receives Hazardous Waste from Off-site		
B. Universa	l Waste	Activities	; Complete all parts 1-2.		C. Used Oil Activities; Complete all parts 1-4.			
Y 🗖 N 🖸		Large Quantity Handler of Universal Waste (you accumulate 5,000 kg or more) [refer to your State regulations to determine what is regulated]. Indicate types of universal waste managed at your site. If "Yes", mark all that apply.			Y 🗖 N 🗵	 Used Oil Transporter If "Yes", mark all that apply. a. Transporter b. Transfer Facility (at your site) 		
Y□N⊠	_	d. Lamps e. Other (s f. Other (s g. Other (s	des y containing equipment specify) specify) specify)		Y □ N ⊠	 2. Used Oil Processor and/or Re-refiner If "Yes", mark all that apply. a. Processor b. Re-refiner 3. Off-Specification Used Oil Burner 4. Used Oil Fuel Marketer If "Yes", mark all that apply. 		
			on Facility for Universal Was azardous waste permit may be			 a. Marketer Who Directs Shipment of Off-Specification Used Oil to Off-Specification Used Oil Burner b. Marketer Who First Claims the Used Oil Meets the Specifications 		

EPA ID Number				OME	3#: 2050-0024; Exp	oires 11/30/2011		
 Eligible Academic Entities with Laboratories—Notification for opting into or withdrawing from managing laboratory hazardous wastes pursuant to 40 CFR Part 262 Subpart K 								
 You <u>must</u> check with your State to determine if you are eligible to manage laboratory hazardous wastes pursuant to 40 CFR Part 262 Subpart K 								
Opting into or currently operating under 40 CFR Part 262 Subpart K for the management of hazardous wastes in laboratories See the item-by-item instructions for definitions of types of eligible academic entities. Mark all that apply:								
_	ege or University			241				
				n agreement with a c				
	•	* :		on agreement with a c zardous wastes in lat				
11 Description	of Hazardous Waste					186-		
 Description of Hazardous Waste Waste Codes for Federally Regulated Hazardous Wastes. Please list the waste codes of the Federal hazardous wastes handled at your site. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112). Use an additional page if more spaces are needed. 								
D001	D002	F003						
Y								
B. Waste Codes for State-Regulated (i.e., non-Federal) Hazardous Wastes. Please list the waste codes of the State-Regulated hazardous wastes handled at your site. List them in the order they are presented in the regulations. Use an additional page if more spaces are needed.								
2000								
725-000-000-000-000-000-000-000-000-000-0								

EF	PA ID Nun	nber				OMB#: 2050-0024;	Expires 11/30/2011	
12. Notification of Hazardous Secondary Material (HSM) Activity								
Y	Are you notifying under 40 CFR 260.42 that you will begin managing, are managing, or will stop managing hazardous secondary material under 40 CFR 261.2(a)(2)(ii), 40 CFR 261.4(a)(23), (24), or (25)?							
		If "Yes", you <u>must</u> Material.	fill out the Adde	ndum to the Site Identi	fication Form: Notification	for Managing Hazard	ous Secondary	
13.	Comme	nts						
	11			Web 2017				
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14.	Lertification. I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations. For the RCRA Hazardous Waste Part A Permit Application, all owner(s) and operator(s) must sign (see 40 CFR 270.10(b) and 270.11).							
Signature of legal owner, operator, or an authorized representative			ator, or an	Name and Official	Title (type or print)	Date Signed (mm/dd/yyyy)		
Jarlan Granth				Barbara Az	zaetti	03/31/2011		
/				V-P- Cus	racti Homen belateris			



2011 APR 16 AM 11: 16
RCRA PROGRAMS

March 31, 2011

United States Environmental Protection Agency Region 2 290 Broadway New York, NY 10007-1866

Dear Sir or Madam,

Please find enclosed our application for a new EPA ID number. Our current ID number NTR000020164 was assigned for our first facility at 180 Oser Avenue, Suite 300, Hauppauge, NY 11788. We have added another manufacturing facility at 75 North Industry Court, Deer Park, NY 11729.

We will be generating both laboratory chemical and solid dosage waste at this site. We manufacture solid dose Over-the-Counter generic pharmaceutical products.

If you have any further questions, please feel free to contact me at (631) 952-3800 ext. 112 or at bazzaretti@azpharmaceutical.com.

Sincerely,

Barbara Azzaretti

Vice President, Customer Relations

Sorbar Graneth